

PART B - FEE(S) TRANSMITTAL

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NOV 05 2004

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7590 08/18/2004

PEARNE, GORDON, McCOY & GRANGER
526 Superior Avenue East, Suite 1200
CLEVELAND, OH 44114-1484
11/08/2004 MBENEN2 00000068 09832530

01 FC:1501 1370.00 OP
02 FC:1504 300.00 OP

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Susan K. Naughton (Depositor's name)

Susan K. Naughton (Signature)

11-2-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/832,530	04/11/2001	Alain Dunand	33441	1249

TITLE OF INVENTION: INK-DROP GENERATOR AND PRINTER ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 #1370	\$300	\$1630 #1670	11/18/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
TRAN, LY T	2853	347-020000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Pearne & Gordon LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Imaje

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bourg-Les-Valence, Cedex, France

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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Publication Fee (No small entity discount permitted)

Advance Order - # of Copies _____

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0820 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Jeffery J. Sopko

Jeffery J. Sopko, Reg. No. 27676

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